

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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34		20				
35		20				
36		20				
37		①				
38		①				
39		①				
40		①				
41		①				
42		①				
43		①				
44		①				
45		①				
46		①				
47		①				
48		①				
49		①				
50		①				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		①				
52		①				
53		①				
54		①				
55		①				
56		①				
57		①				
58		①				
59		①				
60		①				
61		①				
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97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	369					
TOTAL CLAIMS	373					